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CONFIRMATION NO. 1113

Bib Data Sheet

SERIAL NUMBER 09/812,639	FILING DATE 03/20/2001 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. LVN-08602/03
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APPLICANTS

Michael R. Levine, Boca Raton, FL;

** CONTINUING DATA *****

This appln claims benefit of 60/190,688 03/20/2000 *all*

** FOREIGN APPLICATIONS *****

done all

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 04/26/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 2	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>all</i>			

ADDRESS

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 280 N. Old Woodward Ave., Suite 400
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TITLE

Method of payment for a healthcare service

FILING FEE RECEIVED 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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